



CMFG Life Insurance Company

2000 Heritage Way
Waverly, IA 50677
Phone: 800.798.6600

ABSOLUTE ASSIGNMENT (CHANGE OF OWNERSHIP FOR ANNUITY CONTRACTS)

Office Use Only: 43

Contract Number _____ New Owner/Assignee _____
 Annuitant _____ Relationship to Annuitant _____
 Present Owner/Assignor _____ Address _____

- A. For value received, the assignor whose name appears above, assigns, transfers and sets over to the assignee, its successors and assigns, the contract identified above. The contract includes all riders attached to the contract. All rights and privileges in the contract are assigned. This assignment is subject to all terms of the contract and to all superior liens the insurance company has against the contract. The assignor agrees to the provisions of this assignment. The assignee agrees to the provisions of this assignment by accepting this form.
- B. The following specific rights are transferred and assigned by the assignor to the assignee by this assignment:
1. The sole right to surrender the contract prior to the income payout date for its surrender value as provided by the contract or allowed by the insurance company.
 2. The sole right to obtain loans from either the insurance company or from other persons, and the right to pledge or assign the contract as security for any loan as allowed under state statutes.
 3. The right to change the beneficiary as provided by the contract.
 4. The right to select and receive income payments provided by the contract or allowed by the insurance company.
 5. All rights not specified above.
- C. The assignor declares that:
1. He or she is the sole/joint and absolute owner of this contract.
 2. No bankruptcy or insolvency proceedings are pending against him or her.
 3. This contract is not subject to any assignment for the benefit of creditors.
- D. Have you received or do you expect to receive any compensation in connection with this request to change ownership?
 Yes No
1. We have the right to decline this request.

Enter the Owner's/Assignee's Social Security Number in the box below:

Owner's/Assignee's Social Security Number	OR	Owner's/Assignee's Employer Identification Number
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Under penalties of perjury, I certify:

1. I am a U.S. person (including a U.S. resident alien), and
2. I am not subject to backup withholding because: (a) I am exempt from backup, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. The number shown on this form is my correct taxpayer identification number, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Not Applicable)

Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding as mentioned above.

Signed on _____ at _____
Date City and State

Signature of New Owner/Assignee Date of Birth Signature of Present Owner/Assignor Date of Birth

Signature of Annuitant (Required in NE & TN if new owner is entity) Signature of Irrevocable Beneficiary

Signature of Witness

FOR HOME OFFICE USE ONLY
 Filed _____, subject to the terms of the contract.
 By _____